

Form CPF M 102: Campaign Finance Report Municipal Form SOMERVILLE, MA

Office of Campaign and Political Finance

2020 JAN ! 4 P 3: 48

of Massacrusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginn	ing Date: $1-1-2019$ Ending Date: $12-31-2019$
Type of Report: (Check one)	· · · · · · · · · · · · · · · · · · ·
8th day preceding preliminary 8th day pro	ecceding election 30 day after election year-end report dissolution
	g uissolution
Phone # (optional): 617.817.1323	Committee Name Jenniker Lo Elect Paula G. O'Sullivan Committee Name Name of Committee Treasurer Name of Committee Treasurer Committee Mailing Address E-mail: Jennik 884 (A guar 1 com Phone # (optional): (017-417-8040)
SUMM	ARY BALANCE INFORMATION:
Line 1: Ending Balance from pr	evious report \$ 193.42
Line 2: Total receipts this period	7113
Line 3: Subtotal (line 1 plus line	D DEPLOY
Line 4: Total expenditures this p	
Line 5: Ending Balance (line 3 r	
Line 6: Total in-kind contribution	ons this period (page 6)
Line 7: Total (all) outstanding li	abilities (page 7)
Line 8: Name of bank(s) used:	Winter Hill Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached sched activity, including all contributions, loans, receipts, expenditures, finance activity of all persons acting under the authority or on bel Signed under the penalties of perjury:	ules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign alf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of	Candidate: (check 1 box only)
activity, of all persons acting under the authority or on benal	chedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance f of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, alf during this reporting period that are not otherwise disclosed in this report.
mance activity, including contributions, loans, receipts, exp	chedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign enditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the nority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	Date: 113/2020

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Date Received	lease include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	TO SHOW IN THE SHO		
Line 9: Total Rece	cipts over \$50 (or listed above)	8	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$32.78	
	RECEIPTS IN THE PERIOD	\$32.78	← Enter on page 1, line 2 Ild include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 d include only those receipts not itemized above

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/3/2041	Nation Brilder	520 5- Grand Arel Londreghous CA	Website	₹226°20
		,		
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$226°21
· ·		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$226.20

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				41-70-
		Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and		
		Line 14: TOTAL EXPENDIT		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

. ,				
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
· ·		Line 16: In-Kind Contributions	\$ \$50 & under (not listed above))
·	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			Alteria	
angy, yo				
·				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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